

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

107018324

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| 12 | | | | | | | 62 | | | | | | | | | |
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